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NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



**POWER OF ATTORNEY**

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To

After recording, return to (Name and Address):  
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SPACE RESERVED FOR RECORDER'S USE

I, -----, hereby appoint ----- as my true and lawful attorney in fact ("my attorney"), to act in my name and for my support and benefit as set forth herein:

- (1) To lease, sell, exchange, or otherwise dispose of any real or personal property that I own or may own in the future, or in which I may have any right, title or interest, including rights of homestead, for any price or sum, and upon such terms and conditions as to my attorney may seem proper;
- (2) To take possession of, manage, maintain, operate, repair or improve any and all real or personal property, including any business or businesses, that I own or may own in the future, to pay the expense thereof, to insure and keep the same insured, and to pay any and all taxes, charges and assessments that may be levied or imposed upon any such property;
- (3) To buy, sell and generally deal in and with goods and merchandise of every name, nature and description, and to hypothecate, pledge and encumber the same;
- (4) To buy, sell, assign, transfer and deliver all or any securities in my name or through a brokerage in unregistered form in any publicly or privately traded company for any price, and upon such terms as to my attorney may seem proper, and to receive and make payment therefor, so long as all such actions are consistent with my estate plan;
- (5) To establish, modify, or revoke trusts; to establish, modify, cancel, select payment options under, and in all other respects to manage retirement plans, annuities and insurance contracts on my behalf;
- (6) To borrow or lend any sums of money on such terms and at such rates of interest as to my attorney may seem proper, and to give or accept security for the repayment of the same, so long as all such actions are consistent with my estate plan;
- (7) To ask for, demand, recover, collect and receive all moneys, debts, rents, dues, accounts, legacies, bequests, interests, dividends and claims whatsoever which are now or which hereafter may become due, owing and payable or belonging to me, and to have, use and take all lawful ways and means in my name for the recovery of any thereof by attachments, levies or otherwise;
- (8) To prepare, execute and file any proof of debt and other instruments in any court and to take any lawful proceedings in connection with any sum of money or demand due or payable to me, and in any proceedings, to vote in my name for the election of any trustee(s), and to demand, receive and accept any dividend or distribution whatsoever;
- (9) To adjust, settle, compromise or submit to mediation or arbitration any account, debt, claim, demand or dispute, as well as matters which now exist or hereafter may arise between me or my attorney and any other person or persons;
- (10) To sell, discount, endorse, negotiate and deliver any check, draft, order, bill of exchange, promissory note or other negotiable paper payable to me, and to collect, receive and apply the proceeds therefrom for my use for any lawful purpose; to pay to or deposit the same or any other sum of money coming into the hands of my attorney into checking and into savings accounts in my name with any bank or banker of my attorney's selection, and to draw out moneys deposited to my credit with any bank, by check or otherwise, including deposits in savings accounts, and to apply the same for any of the purposes of my business as my attorney may deem proper; to purchase and sell certificates of deposit; to appoint any bank or trust company as escrow agent; to transfer any asset of mine into any form or sort of trust; and, generally, to conduct any and all banking transactions on my behalf;
- (11) To make, execute and deliver any and all manner of contracts with reference to minerals, oil, gas, oil and gas rights, rents and royalties, including agreements facilitating exploration for and discovery of oil, gas, minerals and deposits;
- (12) To commence and prosecute, to defend against and to compromise, suits and proceedings concerning any matters in which I am or hereafter may be interested or concerned;
- (13) To vote any securities in my name as proxy;
- (14) To have access to any safe deposit box which has been or may be rented in my name or in the name of myself and any other person or persons;

(CONTINUED)



(15) In connection with any of the powers herein granted, to sign, make, execute, acknowledge and deliver in my name any and all deeds, contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem proper and consistent with my estate plan;

(16) To employ, pay and discharge any person, including legal counsel, in connection with the exercise of any power granted by this instrument;

(17) To complete, amend, execute and deliver any tax return or form of any nature whatsoever; to pay any tax due or collect any tax refund due; to make and respond to lawful inquiries from any taxing authority in connection with any power granted herein;

(18) To access, modify, control, archive, transfer, and delete my digital assets, including without limitation all email messages and email accounts; digital music, photographs, and video; social media accounts; web hosting accounts; blogs; online store and auction accounts; etc., to the fullest extent allowed a fiduciary in the Revised Uniform Fiduciary Access to Digital Assets Act.

(19)

(20) Generally, to conduct, manage and control all of my business and my property, wherever it may be located, as my attorney may deem necessary for my support, in my best interests and consistent with my estate plan, hereby releasing all third persons from responsibility for their good-faith reliance on the acts and omissions of my attorney.

I hereby give to my attorney full power and authority to do each and every act and thing whatsoever, as fully as I might or could do if personally present, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue hereof, and specifically acknowledging that any change in the status of my mental competency, or its deterioration, absence, or failure, whether temporary or permanent, shall not affect, diminish, or make null and void the effectiveness and validity of this instrument.

This power shall take effect (check one):

- on the date it is signed.
- if given by an individual, on the date that individual becomes "financially incapable" as defined by ORS 125.005.
- if given by an individual, on the date that individual is adjudged incompetent by a court of proper jurisdiction.
- (describe circumstance) \_\_\_\_\_

If no box is checked, this power shall take effect on the date it is signed.

My attorney and all persons who rely in good faith on my attorney's actions under this power of attorney may assume that this power has not been revoked until my attorney has received actual notice either of such revocation or of my death.

In construing this instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

I have signed this instrument on \_\_\_\_\_; any signature on behalf of a business or other entity is made with the authority of that entity.

STATE OF OREGON, County of \_\_\_\_\_) ss.

This record was acknowledged before me on \_\_\_\_\_,  
by \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_,  
by \_\_\_\_\_

as \_\_\_\_\_  
of \_\_\_\_\_

Notary Public for Oregon

My commission expires \_\_\_\_\_

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NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



## ADVANCE DIRECTIVE (STATE OF OREGON)

This form may be used in Oregon to choose a person to make health care decisions for you if you become too sick to speak for yourself. The person is called a health care representative. If you do not have an effective health care representative appointment and become too sick to speak for yourself, a health care representative will be appointed for you in the order of priority set forth in ORS 127.635(2).

This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care.

- If you have completed an advance directive in the past, this new advance directive will replace any older directive.
- You must sign this form for it to be effective. You must also have it witnessed by two witnesses or a notary. Your appointment of a health care representative is not effective until the health care representative accepts the appointment.
- If your advance directive includes directions regarding the withdrawal of life support or tube feeding, you may revoke your advance directive at any time and in any manner that expresses your desire to revoke it.
- In all other cases, you may revoke your advance directive at any time and in any manner as long as you are capable of making medical decisions.

### 1. ABOUT ME.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### 2. MY HEALTH CARE REPRESENTATIVE.

I choose the following person as my health care representative to make health care decisions for me if I can't speak for myself.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

I choose the following people to be my alternate health care representatives if my first choice is not available to make health care decisions for me or if I cancel the first health care representative's appointment.

#### First alternate health care representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### Second alternate health care representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

3. INSTRUCTIONS TO MY HEALTH CARE REPRESENTATIVE.

If you wish to give instructions to your health care representative about your health care decisions, initial one of the following three statements:

----- To the extent appropriate, my health care representative must follow my instructions.

----- My instructions are guidelines for my health care representative to consider when making decisions about my care.

----- Other instructions: -----  
-----  
-----  
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4. DIRECTIONS REGARDING MY END OF LIFE CARE.

In filling out these directions, keep the following in mind:

- The term “as my health care provider recommends” means that you want your health care provider to use life support if your health care provider believes it could be helpful, and that you want your health care provider to discontinue life support if your health care provider believes it is not helping your health condition or symptoms.
- The term “life support” means any medical treatment that maintains life by sustaining, restoring or replacing a vital function.
- The term “tube feeding” means artificially administered food and water.
- If you refuse tube feeding, you should understand that malnutrition, dehydration and death will probably result.
- You will receive care for your comfort and cleanliness no matter what choices you make.

A. Statement Regarding End of Life Care. You may initial the statement below if you agree with it. If you initial the statement you may, but you do not have to, list one or more conditions for which you do not want to receive life support.

----- I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my health care provider to allow me to die naturally if my health care provider and another knowledgeable health care provider confirm that I am in any of the medical conditions listed below.

B. Additional Directions Regarding End of Life Care. Here are my desires about my health care if my health care provider and another knowledgeable health care provider confirm that I am in a medical condition described below:

a. Close to Death. If I am close to death and life support would only postpone the moment of my death:

INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my health care provider recommends.
- I DO NOT WANT tube feeding.

INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my health care provider recommends.
- I DO NOT WANT life support.

b. Permanently Unconscious. If I am unconscious and it is very unlikely that I will ever become conscious again:

INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my health care provider recommends.
- I DO NOT WANT tube feeding.

INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my health care provider recommends.
- I DO NOT WANT life support.

c. Advanced Progressive Illness. If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my health care provider recommends.
- I DO NOT WANT tube feeding.

INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my health care provider recommends.
- I DO NOT WANT life support.

d. Extraordinary Suffering. If life support would not help my medical condition and would make me suffer permanent and severe pain:

INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my health care provider recommends.
- I DO NOT WANT tube feeding.

INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my health care provider recommends.
- I DO NOT WANT life support.

C. Additional Instruction. You may attach to this document any writing or recording of your values and beliefs related to health care decisions. These attachments will serve as guidelines for health care providers. Attachments may include a description of what you would like to happen if you are close to death, if you are permanently unconscious, if you have an advanced progressive illness or if you are suffering permanent and severe pain.

5. MY SIGNATURE.

-----  
SIGNATURE DATE

6. WITNESS – COMPLETE EITHER A OR B WHEN YOU SIGN.

A. NOTARY:

STATE OF OREGON, County of \_\_\_\_\_) ss.  
Signed or attested before me on \_\_\_\_\_,  
by \_\_\_\_\_

-----  
Notary Public for Oregon  
My commission expires \_\_\_\_\_

B. WITNESS DECLARATION:

The person completing this form is personally known to me or has provided proof of identity, has signed or acknowledged the person’s signature on the document in my presence and appears to be not under duress and to understand the purpose and effect of this form. In addition, I am not the person’s health care representative or alternate health care representative, and I am not the person’s attending health care provider.

-----  
PRINTED WITNESS NAME

-----  
PRINTED WITNESS NAME

-----  
SIGNATURE DATE

-----  
SIGNATURE DATE

7. ACCEPTANCE BY MY HEALTH CARE REPRESENTATIVE.

I accept this appointment and agree to serve as health care representative.

Health care representative:

-----  
PRINTED NAME

SIGNATURE OR OTHER VERIFICATION OF ACCEPTANCE\* ----- DATE

First alternate health care representative:

-----  
PRINTED NAME

SIGNATURE OR OTHER VERIFICATION OF ACCEPTANCE\* ----- DATE

Second alternate health care representative:

-----  
PRINTED NAME

SIGNATURE OR OTHER VERIFICATION OF ACCEPTANCE\* ----- DATE

\*Other verification of acceptance includes electronic or verbal means. Provide enough detail so another person can tell how and when the form was accepted by the signee. See ORS 127.515 for signing requirements.





# Last Will of

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I, \_\_\_\_\_, being of legal age and of sound and disposing mind, memory, and understanding, and not acting under fraud, duress or the undue influence of any person, hereby make, publish and declare this to be my Last Will, and expressly revoke any and all of my former wills and codicils.

### ARTICLE I

I declare that I am  a married  an unmarried (indicate which)  man  woman (indicate which), and that the name of my living spouse, if any, is \_\_\_\_\_. The name(s) of my living child(ren) is/are (if none, so state): \_\_\_\_\_

My nearest living relatives, and their relationship to me, are (if none, so state): \_\_\_\_\_

### ARTICLE II

I direct that all of my just debts, expenses of last illness, funeral expenses and all proper claims and charges against my estate be paid as soon as may conveniently be done after my death.

### ARTICLE III

|  |                           |  |
|--|---------------------------|--|
| I give and devise the following sum(s) of money and/or specific items of property in the following manner: |                           |  |
| Recipient  | Money or Property Devised | Should Devise Pass<br>to Recipient's Heirs?* |

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### ARTICLE IV

I give and devise all of the rest and residue of my estate, of whatever nature and wherever found, as follows:

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### ARTICLE V

If any surviving child of mine is less than 18 years of age at the time of my death, I appoint \_\_\_\_\_, or the survivor thereof, as guardian(s) of any such child. Should the foregoing person(s) be unable or unwilling to so serve, I appoint \_\_\_\_\_, or the survivor thereof, as alternate guardian(s).

(CONTINUED)

\*If the named recipient predeceases you, write "yes" here to indicate that your gift should go to the recipient's heirs or write "no" to indicate that it should return to your general estate. See ORS 112.395.



**ARTICLE VI**

I appoint \_\_\_\_\_ as my personal representative. Should he/she be unable or unwilling to so serve, I appoint \_\_\_\_\_ as my alternate personal representative. My personal representative  may  may not (indicate which) serve without giving bond.

**ARTICLE VII**

My personal representative  shall  shall not (indicate which) have the power to access, modify, control, archive, transfer, and delete my digital assets, including without limitation all email messages and email accounts; digital music, photographs, and video; social media accounts; web hosting accounts; blogs; online store and auction accounts; etc., to the fullest extent allowed a fiduciary in the Revised Uniform Fiduciary Access to Digital Assets Act.

IN WITNESS WHEREOF, I have signed this my Last Will at \_\_\_\_\_, CITY \_\_\_\_\_, STATE \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TYPE OR PRINT NAME

WITNESS SIGNATURES:  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF WITNESSES TO WILL**

STATE OF OREGON, County of \_\_\_\_\_) ss.

We, the undersigned, being first duly sworn, each state that:

We are the attesting witnesses to the will executed by \_\_\_\_\_ on the date stated above, consisting of two (2) pages, of which this is the last. The will was executed in our presence at which time and before us the testator declared the instrument to be testator's will and requested us to sign our names as witnesses, which we did. To the best of our knowledge and belief, at the time the will was executed the testator was of legal age, of sound mind, and not acting under any fraud, duress or the undue influence of any person.

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS NAME (TYPED OR PRINTED)

\_\_\_\_\_  
WITNESS NAME (TYPED OR PRINTED)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

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CITY

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STATE

\_\_\_\_\_  
ZIP

SIGNED AND SWORN TO before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

My appointment expires \_\_\_\_\_